

<b>Case Number:</b>	CM14-0130048		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/18/2005
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old female who sustained an injury on February 18, 2005 and cumulative trauma from March 4, 2004 to March 4, 2005. She is diagnosed with (a) status post C5-C6 anterior cervical discectomy and fusion, performed in January 2006, status post anterior cervical discectomy and fusion at C4-C5 and C6-C7, performed in November 2012, with residual multilevel cervical disc desiccation, disc bulging/osteophyte complexes, facet arthrosis, central and foraminal stenosis per magnetic resonance imaging scan studies and computed tomography scan; (b) thoracic outlet syndrome, status post right transaxillary first rib resection, subtotal scalenectomy, neurolysis of the brachial plexus, lysis and release of the subclavian artery with lysis and release of the subclavian vein, performed on July 7, 2008, and status post right lysis of adhesions performed on November 11, 2009; (c) right shoulder impingement syndrome and periscapular strain; (d) left wrist sprain/strain/tendinitis; (e) left knee sprain/strain; (f) depressive disorder, not otherwise specified with anxiety and post traumatic reaction, as well as psychological factors affecting medical condition, per consulting psychiatrist; and (g) hypertension, new onset, poorly controlled with exacerbation secondary to emotional stress, acid peptic disease, poorly controlled with exacerbation secondary to emotional stress and use of nonsteroidal anti-inflammatory drugs, hypercholesterolemia, mild obesity, history of sinusitis, emotional stress and frustration related to persistent musculoskeletal pain consulting internist. She was seen on July 17, 2014 for a comprehensive evaluation. Examination of the cervical spine revealed two right-sided anterior surgical scars. There was mild tenderness with spasm over the paraspinal musculature bilaterally. Cervical compression test was positive bilaterally, reproducing pain, numbness and tingling sensations. Range of motion was limited. Examination of the right shoulder revealed a surgical scar on the right axillary region. Tenderness was present over the subacromial region and posterior scapular muscle.

Impingement and cross arm tests elicited diffuse nonlocalized shoulder girdle pain. Range of motion was restricted. Muscle testing revealed a diffuse grade 4/5 weakness in all planes of motion. There was also noted to be diffuse grade 4/5 weakness in testing of the left shoulder strength in all planes of motion. Examination of the left wrist revealed tenderness over the wrist flexor and extensor tendons. Examination of the left knee revealed slight tenderness with crepitus over the parapatellar.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Home Health Care Assistance 3 Days a Week- 4 Hours a DayLeft Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The request for home health care assistance three days a week, four hours a day, left knee is not medically necessary at this time. Guidelines state that the said request is recommended only for those who are homebound, on a part-time, or "intermittent" basis. Based on the reviewed medical records, the injured worker does not appear to be in any of these conditions.